


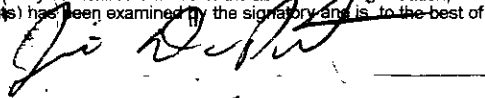
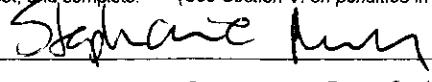
# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 07-31-2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  <b>E</b>	1. FILE NUMBER <b>5 3 1 - 7 1 5</b>	2. PERIOD COVERED MO DAY YEAR From <b>0 1 0 1 2 0 0 2</b> Through <b>1 2 3 1 2 0 0 2</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name <b>J A M E S</b> Last Name <b>D U P O N T</b> P.O. Box - Building and Room Number (if any)  Number and Street <b>5 4 8 2 0 T H S T</b> City <b>O A K L A N D</b> State ZIP Code + 4 <b>C A 9 4 6 1 2</b> - <input type="text"/>		
4. AFFILIATION OR ORGANIZATION NAME <b>HOTEL EMPL, RESTAURANT EMPL AFL-CIO</b>			
5. DESIGNATION (Local, Lodge, etc.) <b>LU</b>		6. DESIGNATION NUMBER <b>2850</b>	
7. UNIT NAME (if any)  			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			
75. ADDITIONAL INFORMATION Item Number  			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED:  <b>3/1/03</b> Date <b>510-893-3181</b> Telephone Number		77. SIGNED:  <b>3/1/03</b> Date <b>893-3181</b> Telephone Number	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	

**During the Reporting Period Did Your Organization:**

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒ ☐
12. Have a political action committee (PAC) fund? ..... ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☒ ☐
15. Discover any loss or shortage of funds or other property? ..... ☒ ☐  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2 1 3 0

19. What is the date of your organization's next regular election of officers? MO 0 4 YEAR 2 0 0 3

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <span style="border: 1px solid black; padding: 2px;">28.30-36.10</span> per <span style="border: 1px solid black; padding: 2px;">MONTH</span> (Month, Year, etc.)
(b) Initiation Fees	\$ <span style="border: 1px solid black; padding: 2px;">50.00-97.50</span>
(c) Transfer Fees	\$ <span style="border: 1px solid black; padding: 2px;">0</span>
(d) Work Permits	\$ <span style="border: 1px solid black; padding: 2px;">2.50-3.00</span> per <span style="border: 1px solid black; padding: 2px;">EVENT</span> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☐ No ☒  
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☒ ☐

24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☒ ☐

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

# STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 5 3 1 - 7 1 5

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash.....	1	1 2 3 5 1 4	1 8 1 0 7 8
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....		4 6 0 0	4 9 0 0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	3 6 8 0	3 1 5 0
	30. Fixed Assets.....	5	1 6 7 3 6 1	1 5 9 4 1 7
	31. Other Assets.....	3	3 2 0 0	2 2 8 6
	32. TOTAL ASSETS.....		3 0 2 3 5 5	3 5 0 8 3 1
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable.....	8	1 9 2 3 0	1 7 3 2 7
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		3 0 9 5 4 8	3 0 3 0 4 7
	36. Other Liabilities.....	4	5 2 8 2 2	8 8 5 4 8
	37. TOTAL LIABILITIES.....		3 8 1 6 0 0	4 0 8 9 2 2
38. NET ASSETS (Item 32 less Item 37).....		- 7 9 2 4 5	- 5 8 0 9 1	

# STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 3 1 - 7 1 5

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues.....			8 3 9 6 0 9	56. To Officers.....	9		6 2 0 0 6
40. Per Capita Tax.....			0	57. To Employees.....	10		1 7 5 8 1 6
41. Fees.....			2 2 0 3 1 3	58. Per Capita Tax.....			3 4 9 5 5 3
42. Fines.....			0	59. Fees, Fines, Assessments, etc. ....			0
43. Assessments.....			0	60. Office & Administrative Expense....	13		1 3 4 5 6 5
44. Work Permits.....			0	61. Educational & Publicity Expense...			0
45. Sale of Supplies.....			0	62. Professional Fees.....			5 4 9 3 3
46. Interest.....			8 1 3	63. Benefits.....	11		7 8 3 9 2
47. Dividends.....			8 4	64. Contributions, Gifts & Grants.....	12		2 9 7 3 5
48. Rents.....			0	65. Supplies for Resale.....			0
49. Sale of Investments & Fixed Assets.....	6		0	66. Direct Taxes.....			3 3 0 4 5
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			6 6 2 0 4
51. Repayments of Loans Made.....	1		1 7 0 0	68. Purchase of Investments & Fixed Assets.....	7		0
52. On Behalf of Affiliates for Transmittal to Them.....			0	69. Loans Made.....	1		2 0 0 0
53. From Members for Disbursement on Their Behalf.....			0	70. Repayment of Loans Obtained.....	8		0
54. Other Receipts.....	14		4 8 8 8 8	71. To Affiliates of Funds Collected on Their Behalf.....			0
				72. On Behalf of Individual Members...			0
				73. Other Disbursements.....	15		6 7 5 9 4
55. TOTAL RECEIPTS.....			1 1 1 1 4 0 7	74. TOTAL DISBURSEMENTS .....			1 0 5 3 8 4 3

**Enter Amounts in Dollars Only -- Do Not Enter Cents**

## SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: SETH NEWTON Purpose: TO PURCHASE AUTO Security: NONE Terms: PAYROLL W/H	0	2 0 0 0	0	0	2 0 0 0
2. Name: CARMEN RODRIGUEZ Purpose: TO PURCHASE AUTO Security: NONE Terms: PAYROLL W/H	1 6 0 0	0	1 0 0	0	1 5 0 0
3. Name: WEI-LING HUBER Purpose: FOR AUTO REPAIRS Security: NONE Terms: PAYROLL W/H	1 0 0 0	0	1 0 0 0	0	0
4. Totals from additional pages (if any)	2 0 0 0	0	6 0 0	0	1 4 0 0
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	4 6 0 0	2 0 0 0	1 7 0 0	0	4 9 0 0
The totals from Line 6 are entered in.....           Item 27 ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27 Column (A) ..... with Explanation ..... Column (B)					

# **SCHEDULE 2 - INVESTMENTS** **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: **5 3 1 - 7 1 5**

# **SCHEDULE 3 - OTHER ASSETS**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	6 5 6 5
2. Total Book Value	3 1 5 0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) BOYKIN LODGING COMPANY	1 3 0 6
(b) FELCOR LODGING TRUST	1 2 0 1
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	3 1 5 0
The total from Line 7 is entered in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1. LOAN FEE	2 2 8 6
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 2 8 6
The total from Line 7 is entered in ..... Item 31, Column (B)	

# **SCHEDULE 4 - OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. PER CAPITA TAX	8 8 5 4 8
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	8 8 5 4 8
The total from Line 7 is entered in ..... Item 36, Column (D)	

# **SCHEDULE 5 - FIXED ASSETS**

FILE NUMBER: **5 3 1 - 7 1 5**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 548- 20TH ST. OAKLAND, CA	4 7 5 0 0		4 7 5 0 0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): 548- 20TH ST. OAKLAND, CA	2 0 4 0 5 7	9 8 9 4 5	1 0 5 1 1 2	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	9 8 7 5 4	9 1 9 4 9	6 8 0 5	0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	3 5 0 3 1 1	1 9 0 8 9 4	1 5 9 4 1 7	0
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

# **SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in ..... Item 49				

# **SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER: **5 3 1 - 7 1 5**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. None	0	0	0
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	0	0	0
	7. Less Reinvestments		0
	8. Net Purchases		0
The total from Line 8 is entered in ..... Item 68			

# **SCHEDULE 8 -- LOANS PAYABLE**

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34 Column (C) with Explanation Column (D)					



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 3 1 - 7 1 5

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1.	DUPONT JAMES PRESIDENT C	0	0	8 8 3	0	8 8 3
2.	HUBER WEI-LING VICE-PRESIDENT N	7 8 0 0	0	4 8 2 0	0	1 2 6 2 0
3.	RUBYKLINK S. SECTY-TREASURER C	4 3 4 5 0	0	6 3 2 0	0	4 9 7 7 0
4.	SALAZAR WILSON EXEC BOARD C	0	0	0	0	0
5.	FAIRBANKS FERN EXEC BOARD C	0	0	0	0	0
6.	BROWN CORANN RECORDING SECTY C	1 2 0 0 0	0	9 8 8	0	1 2 9 8 8
7.	HINTZE J. EXEC BOARD C	0	0	0	0	0
8. Totals from additional pages (if any)		1 2 6 0	0	0	0	1 2 6 0
9. Totals of Lines 1 through 8		6 4 5 1 0	0	1 3 0 1 1	0	7 7 5 2 1
				10. Less Deductions	1 5 5 1 5	
The total from Line 11 is entered in ..... Item 56				11. Net Disbursements	6 2 0 0 6	

\*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 3 1 - 7 1 5

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. HORTON BARBARA CLERICAL	4 1 3 9 7	0	5	0	4 1 4 0 2
2. RAK C. ORGANIZER	4 2 4 0 0	0	9 5 6 6	0	5 1 9 6 6
3. NEWTON SETH BUSINESS AGENT	1 1 0 0 0	0	5 9 1 4	0	1 6 9 1 4
4. LEE ANDREW ORGANIZER	3 5 9 0 0	0	8 9 1 5	0	4 4 8 1 5
5. PERLMAN E. BUSINESS AGENT	2 6 6 7 0	0	2 7 6 3	0	2 9 4 3 3
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	4 3 0 7 5	0	2 0 4 2	0	4 5 1 1 7
8. Totals of Lines 1 through 7	2 0 0 4 4 2	0	2 9 2 0 5	0	2 2 9 6 4 7
			9. Less Deductions	5 3 8 3 1	
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements	1 7 5 8 1 6	

## SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 3 1 - 7 1 5

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH AND WELFARE	TRUST FUNDS	4 6 2 2 2
2. PENSION	TRUST FUNDS	1 6 1 0 6
3. DEATH BENEFITS	MEMBER'S BENEFICIARIES	2 5 0
4. LOST TIME WAGES	MEMBERS	1 5 6 7 6
5. Total from additional pages (if any)		1 3 8
6. Total of Lines 1 through 5		7 8 3 9 2
The total from Line 6 is entered in ..... Item 6:		

## SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. LABOR ORGANIZATIONS	2 4 5 0
2. CIVIC AND CHARITABLE	8 3 0 0
3. POLITICAL	2 1 1 0
4. OTHER	1 6 8 7 5
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 9 7 3 5
The total from Line 8 is entered in ..... Item 64	

## SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. TELEPHONE	3 2 1 9 5
2. INSURANCE	1 0 7 5 3
3. JANITORIAL SERVICE	9 1 4 0
4. POSTAGE AND DELIVERY	1 7 6 1 6
5. UTILITIES	1 1 1 9 3
6. PEST CONTROL	6 7 0
7. Total from additional pages (if any)	5 2 9 9 8
8. Total of Lines 1 through 7	1 3 4 5 6 5
The total from Line 8 is entered in ..... Item 60	

## SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. REIMBURSED ADMIN. EXPENSE	3 5 8 8 2
2. HALL RENTAL	2 5
3. HARDSHIP FUND CONTRIBUTION	5 0 5 5
4. PROCEEDS FROM STOCK SALE	6
5. PROCEEDS FROM SALE OF T-SHIRTS	1 0
6. REIMBURSED EXPENSE	1 7 3 5
7. INTERNATIONAL BURIAL BENEFITS	2 5 0
8. COLLECTIONS TO BE FORWARDED	
9. TO OTHER LOCALS	5 1 0
10. WRITE OFF OLD OUTSTANDING CHECKS	1 3 7 6
11. SUBPOENA FEES	9 0
12. VOIDED P/R CHECKS REDEPOSITED	3 4 9 1
13. W/C INSURANCE DIVIDEND	4 5 8
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 8 8 8 8
The total from Line 17 is entered in ..... Item 54	

## SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. MORTGAGE PAYMENT:	
2. PRINCIPAL	6 5 0 0
3. INTEREST	2 2 6 0 8
4. NEGOTIATION, MEETING AND	
5. ORGANIZING EXPENSE	1 0 1 4 4
6. REFUND OF DUES AND FEES	4 0 4 4
7. CHECKS RETURNED BY BANK AS	
8. DISHONORED	1 0 3
9. OTHER P/R DEDUCTIONS FORWARDED	3 4 5 1
10. FILING FEE	1 0
11. ALLOWANCES & EXPENSE REIMBURSEMENT	1 1 6 0 9
12. TRANSLATION EXPENSE	2 0 1 5
13. COLLECTIONS FOR OTHER LOCALS	5 1 0
14. INTEREST AND LATE FEES	3 8 5 0
15. INTERN STIPEND	2 5 0 0
16. Total from additional pages (if any)	2 5 0
17. Total of Lines 1 through 16	6 7 5 9 4
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 3 1 - 7 1 5

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
ASGARI DAVOOD EXEC BOARD	C	0	0	0	0	0
RODRIGEUZ CARMEN EXEC BOARD	C	0	0	0	0	0
THURSTON ELLIOTT TRUSTEE	C	0	0	0	0	0
DENNETT SUE TRUSTEE	C	0	0	0	0	0
PENA RAUL EXEC BOARD	C	0	0	0	0	0
CORRAL JOEL EXEC BOARD	P	0	0	0	0	0
COOK JEFF TRUSTEE	C	0	0	0	0	0
AROYO FIDEL EXEC BOARD	N	0	0	0	0	0

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: 5 3 1 - 7 1 5

## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
RAMIREZ MARCOS EXEC BOARD	N	0	0	0	0	0
MILLER DAVID EXEC BOARD	N	1 2 6 0	0	0	0	1 2 6 0
DOUANGPHOXAY SYSOUMANG EXEC BOARD	N	0	0	0	0	0

ENDING DATE OF PERIOD COVERED:  
12/31/2002

**SCHEDULE 11 – BENEFITS (continued)**[illegible]

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: 5 3 1 - 7 1 5

## SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

Description (A)	Amount (B)
SCAVENGER	2 2 2 1
BANK P/R PROCESSING CHARGE	2 7 7 1
DUES AND SUBSCRIPTIONS	1 0 0 6
BANK SERVICE CHARGE	2 3
EQUIPMENT REPAIR & MAINTENANCE	9 9 8 0
BLDG. REPAIR, MAINT. & SUPPLIES	2 9 3 8
OFFICE EQUIPMENT LEASE	1 0 9 2 8
PRINTING, STATIONERY & OFFICE SUP	2 3 1 3 1



ORGANIZATION NAME: <b>HOTEL EMPL, RESTAURANT EMPL AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2002</b>

FILE NUMBER: **5 3 1 - 7 1 5**

## SCHEDULE 1 – LOANS RECEIVABLE *(continued)*

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
4. Name: BEVERLY ORTIZ Purpose: TO PURCHASE AUTO Security: NONE Terms: PAYROLL W/H	2 0 0 0	0	6 0 0	0	1 4 0 0

ENDING DATE OF PERIOD COVERED:  
12/31/2002

**SCHEDULE 15 – OTHER DISBURSEMENTS (continued)**[illegible]

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: 5 3 1 - 7 1 5

## 75. ADDITIONAL INFORMATION

Item Number	
11	<p>HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES HEALTH AND WELFARE TRUST FUND P.O. BOX 16 NOVATO, CA 94548 PURPOSE: TO PROVIDE PENSION AND HEALTH AND WELFARE BENEFITS TO MEMBER PARTICIPANTS.</p> <p>HOTEL, RESTAURANT EMPLOYEES &amp; BARTENDERS INTERNATIONAL UNION PENSION PLAN WILLIAM L. MEYERS, INC. (PLAN ADMINISTRATOR) 29 SOUTH WEBSTER, NAPERVILLE, IL 60566 PURPOSE: TO PROVIDE PENSION BENEFITS TO MEMBER PARTICIPANTS</p>

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 3 1 - 7 1 5

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## 75. ADDITIONAL INFORMATION(*continued*)

Item Number	
14	AN INDEPENDENT AUDIT WAS PERFORMED BY PATRICK L. SULLIVAN, CERTIFIED PUBLIC ACCOUNTANT, HAYWARD, CALIFORNIA

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 3 1 - 7 1 5

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
15	A TOSHIBA LAPTOP COMPUTER WAS STOLEN FROM THE LOCAL'S OFFICE.

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 3 1 - 7 1 5

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
23	LAND AND BUILDING AT 548 20TH STREET OAKLAND, CA ARE SECURED BY A FIRST TRUST DEED PAYABLE TO COMMUNITY BANK.

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 3 1 - 7 1 5

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
24	<p>EITHER \$500 OR \$1,000 DEATH BENEFIT IS PAYABLE TO A MEMBER'S BENEFICIARY IF A MEMBER HAS UNINTERRUPTED MEMBERSHIP FROM 1975 TO DATE OF DEATH, AND WAS A MEMBER OF FORMER LOCAL 28.</p> <p>A \$1,250 DEATH BENEFIT IS PAYABLE TO A MEMBER'S BENEFICIARY IF THAT MEMBER WAS RETIRED AS OF JUNE, 1989 AND HIS (OR HER) DUES ARE CURRENT AT THE TIME OF DEATH AND WAS A MEMBER OF FORMER LOCAL 50.</p>

*Patrick L. Sullivan*

CERTIFIED PUBLIC ACCOUNTANT

29965 SUGAR MAPLE COURT  
HAYWARD, CA 94544

(510) 690-1040

FAX (510) 690-1088

Hotel Employees and Restaurant Employees Union  
Local 2850  
Oakland, California

We have audited the Labor Organization Annual Report Form LM-2 and the accompanying schedules of the Hotel Employees and Restaurant Employees Union, Local No. 2850 for the year ended December 31, 2002. This report is the responsibility of the union's management. Our responsibility is to express an opinion on this report based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

The report was prepared on a form prescribed by the Department of Labor and therefore includes only that information required to be presented by the form. Accordingly, the accompanying report is not intended to present financial position and results of operations in conformity with generally accepted accounting principles. This report is intended solely for filing with regulatory agencies and is not intended for any other purpose.

In our opinion, the Labor Organization Annual Report (Form LM-2) and accompanying schedules of the Hotel Employees and Restaurant Employees Union, Local 2850 for the year ended December 31, 2002 presents fairly in all material respects, the information shown therein in accordance with the applicable provisions of the form including instructions thereto.

*Patrick L. Sullivan*

January 30, 2003

